

Dorset Women CIC E8_mixdown v1 (No Intro)

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SPEAKERS

Anjali Mavi, Marianne Storey, Sally Sheppard, Carol Clark



Marianne Storey 00:22

Good So Carol, do you Want to introduce yourself?



Carol Clark 00:42

Yes, thanks, Marianne, and great to meet you, Angelique. I'm Carol Clark professor in physiotherapy at Bournemouth University. I think we met at the cricket and I lead the Women's Health section of the set in the Centre for midwifery and women's health at Bournemouth University. I'm also on the Wessex women's and girls network steering group, and I contribute to the NIHR arc Wessex and the NIHR insight programme to support the building capacity and capability of research in health care professionals. And I'm a grandmother of four. Wow.



Marianne Storey 01:23

Didn't know that about you, Carol, I feel like I need to say congratulations. I don't really know what for, but and Sally, do you want to introduce yourself?

S

Sally Sheppard 01:33

Thank you. Nice to see you all. Hi. My name is Sally shepherd, and I've worked as a pelvic health physiotherapist for around 25 years, and I'm now the service lead for pelvic health physio at University Hospitals. Dorset, my team treat pelvic floor, bladder and bowel symptoms and vaginal prolapse in adults, as well as the perinatal pelvic health symptoms as well. And my connection with the women's health programme is that the government provided a small one off contribution to each region for the women's health strategy. And I was part of the working group for pelvic health, which has been a really great opportunity to listen to the priorities raised by the women of Dorset, and it's been such a pleasure for pelvic health to feature as one of the priority areas to focus on.

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Marianne Storey 02:27

And we'll come back to why that was in a minute, Sally, but before we do that, I just would really love to hear from the horse's mouth, but I'm sorry that doesn't sound very flattering, does it? But you know what I mean? You know what I mean? What do we mean by pelvic health? Because we've done a lot of episodes now about all things to do with women's health, sexual health, reproductive health, vaginas, wombs, all those sorts of things. So pelvic health is yet another kind of expression we use in women's health. But what does it mean, and how is it different to sexual health or gynaecology or menstrual health, or anything else to do with those regions of a woman's body.

S

Sally Sheppard 03:02

Okay, so I think the terminology definitely overlaps. So my first takeaway would be, don't worry if the differences don't feel obvious in my world, pelvic health problems include bowel urinary incontinence, emptying disorders of the bowel, pelvic organ prolapse, emptying, disorders of the bladder, perineal tears, sexual dysfunction related to childbirth or related to the pelvic floor muscles and physical changes related to pregnancy, such as separation of the tummy muscles, pelvic girdle pain and back pain. So it is a lot and with the exception of pregnancy related back pain and pelvic pain, most of those symptoms that I've listed require tailored pelvic floor activity or reduced pelvic floor activity. If we're finding that a muscle actually needs to do a little bit less in order to solve the problem, but that's unusual. Usually it needs tailored pelvic floor activity and very specific bladder and bowel or vaginal care or treatment, and as rehabilitation experts, physiotherapists have that assessment and treatment role within those symptoms. So that would be my explanation. It probably makes it even harder to understand. But well,

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Marianne Storey 04:31

let's test it right. Anjali, all three of us do have a clinical background. In fact, all three of us have a physiotherapy background. That's that's the first on the podcast series. Anjali, as a non clinician. Does that make sense to you?

A

Anjali Mavi 04:42

There's some of the word when says Sally was mentioning I'm making my notes because there's some of the words I don't understand. Being a person who's from the public I'm representing a normal, you know, common people who don't understand the medical language.

M

Marianne Storey 04:56

Anything making an explanation. What about Do you know what pelvic floor is?

A

Anjali Mavi 05:00

Sanjay, frankly speaking, not much when you said pelvic floor muscles, I was just having some questions in my mind. And of course, when you said a change in pelvic after pregnancy back pain, I was just having a mindset when you had epidural in your back during pregnancy time. So all those question was just going on my mind. But I'll be honest, I might need to Google some of the things which you have said because, yeah, because medical language, Google them.

M

Marianne Storey 05:29

Anjali, why don't we let the experts explain, at the very least, what you mean by pelvic floor. Do you want to be happy for Sally to carry on?

C

Carol Clark 05:37

Carol, yes, Sally's the expert.

S

Sally Sheppard 05:39

Okay, I think Angelique, it's fantastic that you've actually said that, because that was one of our missions, was to make knowledge accessible, and if the language that's used to describe it then becomes a barrier, then you know, that's why these symptoms are very difficult for women to be able to access helpful because sometimes you don't even know what they're called or what might be helpful for it. So the pelvic floor are a set of muscles. They're nothing to do with the floor down on the floor, so you don't have to get on the floor to do your pelvic floor exercises. It's just the floor of the pelvis. So the pelvis is that bony circle, yeah, and it's the floor of the pelvis. We have muscles throughout the whole body that support different bits of us, and our bladder and our bowel and the vagina are supported by a floor of muscles. They're like a hammock. They're quite small, but they're supportive. And together, they squeeze and lift to close the opening to your back passage, for example, or to close the opening to your bladder or to support the vaginal opening. So they're a supportive network of muscles, and it means that if that's strong and improving, it will help to keep urine in, and it will help give control to the bowel, and it will allow you to get to the loo on time, and it will support all of the organs that are above the vagina and in the vagina. So if they're feeling low and heavy, the pelvic floor can support from underneath, if that makes some sense. So as a result, if those muscles are weak, then it can lead to challenges holding urine and leakage, or challenges getting to the toilet in time. But sometimes it can actually be difficult to pass urine or to pass a bowel motion, and sometimes the pelvic floor muscles, that hammock of support needs some attention to be able to help with that. But we're going to come to the Women's Health Hub website that's developed. But sometimes it's not pelvic floor that's needed, it's how we look after those areas. So avoiding constipation, for example, trying to strain every day and push those pelvic floor muscles down and out actually can make things harder in the long term. So trying to manage constipation, for example, could actually help very directly as well. Yeah.

A

Anjali Mavi 08:26

I mean, I don't know Marion, I will have a lot of questions in my mind to ask. So first thing, when you explained about the holding urine, because I feel like my pelvic is weak, or I know some of my friends, we discuss that a lot when we, you know, discuss our woman problems. So while cuffing, the urine pass, and when you you're doing some exercise, also, like when I do some jumping exercise, which I can't do right now because of the knee, but when I used to do it, I used to pass little bit, you know, urine and and feel like very uncomfortable, especially when I got cold. And with my daughter, she's going to be 18, she has this problem every time, when she has a cold and cough, she's passing a lot of urine, so I have to change her pants all the time. So I think then I can see our pelvic are weak, isn't it?

S

Sally Sheppard 09:18

Yeah. And the thing is, it's such a common problem for us ladies, that if you talk to your friends or your family, one in three women leak urine when they don't need to. So with coughing, laughing, sneezing, one in three. So the likelihood that that somebody in your family is experiencing it, or one of your friends, or two of your friends are experiencing it is very, very high, but it doesn't make it normal. And what's staggering is that two thirds of us can completely fix that by finding our pelvic floor and starting to use it regularly. So this is a bit of a sort of. A myth. It's almost like it's the best kept secret, that it's time that that women knew where the muscles are, how to squeeze them, have the confidence that what they're feeling is correct, and start using their pelvic floor every day, and it's just like any other muscle. So it might take a few months to make it more functional. Doesn't even have to get stronger. Sometimes, just using it makes all the difference. Strength will follow. It's bit like going to the gym. Sometimes we just feel better for the walk to the gym every day we haven't even started all the strengthening work. There's a benefit just from using the right muscles. Strength follows, and it can take a few months, but we've got the whole of life to get our pelvic floor in condition, and we still need to be using our pelvic floor at 97 so we're not going to run out of time yet. And if you're listening and you're 96 it's still not too late, okay, or even 98

A

Anjali Mavi 10:58

Absolutely, when you're saying is use your pelvic muscles like maybe then there's some exercise you suggested to do it that isn't

S

Sally Sheppard 11:05

right, yeah, okay, so the first thing to do is to sit well or stand comfortably or lay down. It doesn't matter, but you need to be in a supported, comfortable position. And let's just think about where the pelvic floor is, because I'm going to ask you to just let go before you do anything. So in women, the pelvic floor muscles are around the three openings of the back passage, the vagina and the urethra, which is where urine comes out of and incidentally, this is the same for men, except there's just no vaginal opening, so they have a pelvic floor too. So just imagine that that's a hammock of muscle. I want you to just imagine that area first and think about letting it go. That just means you do nothing with it, but it helps before you begin. So you feel like it's just gone plunk. And then imagine that hammock it's going to lift and tighten in a supportive manner to support the bladder, the vagina and the back passage. So I'll talk you through it to tighten the pelvic floor. Think about making the bowel opening tighter closing and lifting. If you had a mirror and you could see it, it puckers a little bit. And at the same time, for ladies, imagine smuggling a diamond through customs in the vagina. And imagine stopping away so you're squeezing and lifting that area, and it takes you much less time to do it than it does for me to describe it, okay and then let go. So most pelvic floors feel like a squeeze and lift, but a weak one might only feel like a blink. So keep trying. Always let go before you begin make it easy for yourself. Don't try so hard. Sometimes you just have to find it before you start working on strength and the things to watch out for, avoid a buttock clench so you shouldn't look like you're riding a horse. So if you were doing these in Tesco's, they're completely invisible. If you were standing in a queue, no one can see you do them. If you're sat in a chair, your shoulders are not going up and down, and you're not breath holding. But eventually your breathing will be natural over the top of pelvic floor squeezes. Just don't worry too much about your breathing, just try to keep breathing. So once you've found it, you just need to do three things, strong and short, squeezes. So you squeeze and lift, and then you let it go, so it's short, and you repeat until your muscles get tired. Squeeze and lift and let it go, and you repeat until your muscles get tired. And everybody can do different numbers before they get tired. The second thing to try is strong and long, so you squeeze and lift to the best of your ability. You hold it as long as it's a good quality, hold then you let it go, give it a little rest, maybe about four seconds, or a little breath in and out. Try again, and you repeat until you get tired again. You're always repeating your personal ability. If you're feeling your muscles are flagging, you've challenged it. Well done. That will help it get fitter, stronger, better, all right. And the third thing, so to recap, you've got strong and short, strong and long. The third thing is called the knack, and I just want to tell you what that is. It means that some women find that bending and lifting is a challenge. And might make a leak happen. Try to think of squeezing lifting the pelvic floor before you do that activity. It's a bit like putting a light on before you go into the room. So you squeeze and lift when you feel that cough in your throat, squeeze and lift when you've got the sneeze coming, squeeze and lift first. It's quite a rapid thing, a cough and a sneeze. So that's quite a skill set, but it'll come. But for bending and lifting, you know you're going to bend over, you know you're going to lift something, so switch that muscle on first, see if you can secure your muscle squeezed and lifted before you then bend and lift, and that way you start to get active with your pelvic floor muscles. And that's what I mean by getting fit on the inside. And that's what we're going to do in Dorset. We're all going to get fit on the inside. Amazing.

M

Marianne Storey 15:57

Thanks, Sally. But what this conversation has done actually, is a really brilliant segue, because you've given us really quite shocking stats Sally about how common this is, and maybe that's one of the reasons, and you can enlighten me even further about why. When we got this money that you referred to Sally for the women's health programme, and we were choosing how to spend the money, and we picked six different work streams, there was a reason why this was one of them. Do you want to talk a little bit Carol about, I don't know. I mean, you, you were with us way back when, when we were deciding on the work streams and how this became a priority. But I mean, maybe you could just build on that and why it's so important that we tackled this.

C

Carol Clark 16:36

Yeah, probably, if I, if I just step back to about 2018 when I met up with Sally, and Sally came to me and said, Look, I'd like to be doing a little bit of research in this area around pelvic health. And so we met then and put together a bid to get a PhD student in to look at how we could get women to do their exercises and they don't need to do them once. Anjali, women need to do these exercises regularly. And as Sally has said, we need to do them regularly through life. And there are times in life when we are more likely to need to do these exercises that might be in pregnancy, it might be after childbirth, and it also might be following the menopause. So this is something that we need to do through life. And we know with students, you know, with with sports women, that they also, even the strongest sports women, will have problem with urinary leakage. So we're talking about all women and through through life. So I see I've, I think I've gone off, off topic, but one of the areas we wanted to do was to encourage people to do the pelvic floor exercises on a regular basis. So Sally talked to me about nudge theory, because Sally had won an award, an NHS Entrepreneurship Award, in relation to nudging. And so this PhD was around nudging, so women need to be reminded, maybe to do their exercises. Women are incredibly busy. They always put the family first. They don't think about themselves, and therefore we need to support women to think about themselves. And so this PhD was looking at nudging as a method for improving women's adhere. Well, I call it adherence. I'm just saying, you know, engagement with their exercises. And at the same time, we started talking to Chris Robson, who has the Squeezy app, who who has developed as the Squeezy NHS Squeezy app. And this app, anybody can download, but it takes you through your pelvic floor exercises, and you can individualise it, and it will, you know, it can send a message to you to remind you to do your your exercises. So when we put this together, Sally and I know that the population of Dorset is 800,000 approximately if half of those are women, and if a third of those women have pelvic floor dysfunction, we estimated that there might be 110,000 women in Dorset who have a urinary incontinence. So we talked to Chris Robson and said, Could we buy licences for 1% of those women, and get these, the NHS Squeezy app, out to 1% of the population, and that will be 1100 licences. Is, and Sally said, Yes, and we, we got we chatted to Chris Ledley from Dorset County Hospital, who's also a pelvic health physio, and it was agreed that the way in which we could do this was to train up other health professionals and give them the training that would enable them to sign post relevant women to the NHS Squeezy app. And so we said, Right, okay, let's put this in as a bid to the Dorset ICB and see if this will be interested, interesting for them. So does that? It's a long winded answer. It's the

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Marianne Storey 20:41

right answer, Carol, because that's just going to actually correct of what happened, because then what happened after that was it became an integral part of the overall women's health programme, didn't it in terms of not just Rosie's research, but raising awareness around this really important issue, partly, I suppose, because those numbers are so shocking when you think of 110,000 women in Dorset who are, well, I mean, Anjali is just such a great example of probably a statistic that that data wouldn't have picked up. You know, 110,000 is the number we know about, right?

C

Carol Clark 21:14

Absolutely, in all fairness, I would think it's higher than that, because when the Rugby Football Union and the FA explored urinary incontinence in their top teams, they found that 70% reported some form of leakage during a game or in training, but 35% of them felt it was troublesome. So we're probably only reporting on the troublesome.

A

Anjali Mavi 21:45

I mean, thank you so much, Sally and Carol. I think these are the questions are very common discussion on moments and but the very much not very open to talk about because of the from some people think, Oh, we are not high from hygiene point of view. And they feel like not to share or feel bad about it, but I think, right, it is embarrassing, yeah, sometime. But then, having said that, what Sally and Carol you mentioned, I think this podcast can give them it's important to know about it, and it's not a shame to share about it. So I think, yeah, that's what I I've been when I used to share with my friend circle, they say you always come with your private problems. Front of the table, I was like, what is the private problem? This is a problem we womens are going on, and it is not a shame to share it. And some people like, oh, you stinky. I said, Yeah, because this has happened with me after my pregnancy 2c section, so I am stinky because of this problem, and I need a solution for that. So, but thank you. Thank you so much. This is really important.

M

Marianne Storey 22:48

Yeah, so talking of solutions, actually, I mean, this women's health programme was kind of system wide attempt to find lots of solutions to lots of different women's problems, and the pelvic health work stream was one of them. So tell us a little bit about what you did in that I'm calling it a work stream, but that sort of project work, what were the things you were trying to address from an NHS point of view, rather than individual people, but within the NHS, what were you trying to achieve, and what did you actually do?

C Carol Clark 23:18

So what we did was we came up with the idea that we would train other health care clinicians, and this is when we came across Joanne Goodman. In fact, Sally already knew her. Joanne Goodman is a sexual health nurse in the community,

M Marianne Storey 23:34

trust on the podcast, actually on our sexual health, yeah, yeah.

C Carol Clark 23:38

And so she said, Oh, she was talking. We were having a conversation. She was talking, and she said, Yes, you know, we could train up my sexual health nurses, because when they are doing a vaginal examination, they could also have a look to see whether a woman is contracting their pelvic floor or has an idea of where their pelvic floor is and things. And we'd had a chat with Emma, your GP, who also said yes, we could train up GPs. And so we then got together. So Nicky Smith was our project manager, and Nicky Smith then, you know, sent out emails asking, if, you know, healthcare professionals would like to come to a train the trainer session. And the aim was to train these healthcare professionals when they're carrying out a pelvic floor examination. And actually, Sally will be better at this bit than I am. They would see whether they had a pelvic floor, you know, contraction, and then be able to sign post women to the Squeazy app to say, look, this is an app which will take you through contracting your muscles, but then it will also nudge you to remind you to carry out your exercises. And then every so often, you'll look on your phone and you'll say, oh, there's my. The app again, I'll open it and I'll see, oh, I haven't been doing my exercises for the last week. You know, maybe I need to remind myself to do those exercises. And you can record when you've done your exercises, and you can tailor the exercises for yourself. And so I think we wanted to train 30 or 40 healthcare professionals, and we wanted to do one lot of training online and one lot of training face to face to see which one would work best. In the end, we had two sessions, one online, and we got six applicants, and we did one face to face training, and we had 10 participants, and the participants were GPS practice nurse and sexual health nurses at those sessions. I can then go on, I can go on to talk about the big wins, but maybe I come back to Sally.

M Marianne Storey 25:57

Maybe we'll come back to that. What interested me about that Sally is from, from the perspective of the general public, just explain, maybe Sally a little bit more about what's the advantage to women by training other health professionals. Carol kind of touched on it. But why did you choose that as a particular action to do? What was the problem you were trying to solve? I suppose.

S

Sally Sheppard 26:15

Yeah, thanks, Marianne. Well, I mean, first of all, Marianne, you had championed such a great piece of work prior to the Women's Health Strategy funding coming out to region. So you had already canvassed so many Dorset women, and we had their voices to inform us of what their priorities were. So the meetings that then preceded the funding, and then, once the funding was released, were very much informed by what do our women want? And it was one of those lovely occasions that we weren't all just in a room thinking about what we wanted to do and what we thought the region needed. We had to respond to the shape of the request that our women were asking for. So it doesn't surprise me Angelique that this topic came up as one of many that we needed to prioritise. So first of all, there's that important golden thread that we believed we were doing what our women were asking for. The second message, I think Carol has touched on but women should not need to wait for a one to one appointment to find out where their pelvic floor muscles are. And usually what's happening is they're having to wait for an appointment with somebody like our team, very, very specialist, whereas women are very used to having vaginal examinations at certain touch points in their health journey. So we really felt that there was a wasted opportunity if someone was having an intimate examination, if that healthcare practitioner could explain the pelvic floor Angelique, knowing that the woman sat there may not know if she just says, I'm going to ask you, to squeeze your pelvic floor, the women will think, I don't know what to do. So we taught our healthcare professionals a very simple way of explaining it prior to the examination. And then once the examination was underway, they were able to just say, I can just check if your pelvic floor muscles are correctly contracting. Just try one for me, and then by confirming to the woman so Angelica, we can't do that on the podcast, but if I could do that for you, you would then go away thinking, Oh, I am doing it right. I can get cracking now, and you can actually start to solve the problem for yourself, rather than having to wait to access this, this information that should be public knowledge. And I think Marianne that to answer your question, I think that's really why what we were trying to achieve, and why healthcare practitioners are our first point of obvious contact. And I would just reassure people listening. We tend to associate vaginal examinations with the speculum, which is that piece of equipment that goes into the vagina in order to see the uterus at the end, the womb at the end, you're not being asked to contract with that inside you. That's just a visual tool to enable seeing an important piece of anatomy that's deep inside the vagina. Once that's removed, just feeling is sufficient to then be able to recognise a correct contraction. So I don't want women to imagine that there's going to be something gruesome. It should be acceptable and explained prior to prior to the event.

M

Marianne Storey 29:44

I mean, I think what's great about that Sally is it's so nice to be able to use this podcast as an example to really showcase the fact that we asked women what they wanted. They told us what they wanted. You responded, you've done it. Such a brilliant story. And. And we just, we don't hear good news stories about that very often. So I mean, you know, on behalf of women, thank you for listening and doing what you did. But on the other side of that, I suppose what's quite shocking to me is how few people took up the opportunity. You know, you had such a great thing to offer, and it was based on what women wanted. And from my own personal experience, I have had a recent experience where you just kind of lying there with your legs open, thinking, look, while you're up there, do as much as you can, because I don't want to have to do this more times than I have to. So what do you think was the issue around not more health professionals taking this up, this opportunity to do this training with you, and is this a piece of work we could continue to try and promote across other healthcare professionals? Because it seems to me like a really important thing that you did, that you should still be doing. So what, what are the what were the challenges, and could we carry on? I think

S

Sally Sheppard 30:55

you probably need an answer from from both of us. So if I very briefly, I think it's not just health professional knowledge. This becomes shared knowledge, woman to woman knowledge. And in the end, we all have champion women who confidently talk to other women about this. It's just how, yeah, look at you, train you up as our first champion. Because, you know, mothers teach daughters. Women talk to women, angeliques, you know, driving her friends mad by talking about it. But that's really good. You know, I would say, start a WhatsApp group. Come on, Dorset. Call to Arms. We need to be the driest region in the UK. We've got the oldest population of ageing, 65 and above. We can get fit on the inside so we can do this. The reason healthcare professionals are challenged, I think it's it's the NHS climate at the moment. I think time is precious. There are an awful lot of responsibilities that staff need to maintain, training that they need to maintain. So it's ancillary to that, but it will become commonplace, common knowledge. These things take time to reach tsunami level, where they have their own momentum. We've just started a small ripple. What we'd really like is to get that training validated so that it counts towards their continuous professional education, or their continuous medical education. If we can do that, it then becomes something that can be scaled up nationally, if nest would be our great ambition, but certainly through region. But Carol will probably have some more to say on on that or around that. Yeah.

C

Carol Clark 32:39

So in relation to the train the trainer programme, as Sally said, what we could do is to get that validated as CPD points. We have had success in the fact that two other ICBS have taken on this train, the trainer and are working with it in their own ICBS to do a similar thing. So having seen the success, probably through the networks that Sally and Rosie and Chris have you know, they are following it. So it's had some impact beyond our own region and Hampshire ICB were also interested. I think that's one thing again, going back to Sally saying, Yes, we haven't had a big uptake. I would also say that, you know, for our GP colleagues to then train other GPs is probably much more complicated than for Joanne Goodman's sexual health team to train them, so she had more uptake in her department in relation to then going on and training others within the team. So our thoughts were, we would have a cascade. And so we would that way the train the trainer would carry on training people. So that hasn't really happened in primary care, but it has happened in the trust. So I think that's important. The next thing that has been then the uptake of the Squeezy app, and we've then come across, is it barriers come across? The fact that we've got 1100 licences, and we haven't managed to give them all out. Now, interestingly enough, some women have come back to, you know, a practitioner and said, Don't give me the free version. I'd much prefer it goes to somebody who can't afford it, because, you know, the Squeezy app costs the same as a cup of coffee. So some women are just going out and saying, right, I will buy it myself. But one of the interesting things that Sally and I came across in Rosie's research was the fact that maybe health professionals weren't that confident in a. Supporting their patients and clients with a digital tool, like an app, and so that might be a barrier in us still managing to get these licences out there. At the moment, I don't think we've got more than about 100 out to women, so we've still got 1000 licences. Go to our website, and if you want to and download the Squeezy app for yourself to see what it's all about.

A

Anjali Mavi 35:32

I'm just dying to ask one thing, actually, I think first time I'm hearing about the Squeezy app, and you just did mention, actually, Carol, just now, you said the health professionals will might not give you the right information, either it is digital or what, but I want to share something here, and you need to understand. I think this question, or this understanding is going for all the podcasts we have done so far for women health, or any health you need to understand from the public point of view, person who's sitting like me in the house got any illness, either it's a cold, cough or anything, anything. Forget about any other woman problem. They will just think about first person is GP, so you know they don't know. There are some professionals like you are sitting who are giving licences like that, but then who will let us know about it? It is GP who need to give us the right information or signpost as the right people. So with my example, when during last winter time, my daughter was coughing whole three weeks, and my problem was not her, she's coughing or having a cold. My problem was she was leaking so much like I had to change her pants every half an hour. And having said that, because she has a special need, she's 17 years old, she can't do it herself. So it was such a pain for me when I was talking to my GP, I've explained her, I know it's a flu, I know it's a cough and cold will go as for that time. But what I can do it for this problem, which is she's really because it's getting an infection to her. She has an EG bomb. She has an EG vagina. Everything was there so but nobody have told me any solution for that. Nobody even did mention about the pelvic floor. Nobody even mentioned about the pelvic muscle. I'm hearing all this thing today or before, when Marion sent the questions to discussing today in postcards, then I was leading them, and then, you know, understanding the the language of this, and I was Googling it. But before that, nobody have discussed that in entire of my the three weeks time when I spoke to GP three time. So I think that message needs to go in a way, via you all to give the information in the right people like us who can get the solution on time, especially with special children who can't even explain their problem, and the parent like me who doesn't know about it, what to do. So I think through this podcast, I think this is very important. I think I'm talking on behalf of more a lot of people, and I think you both can say that how this scared problem can be solved. I know it's a big thing, and it just doing good job. But yes, there are the areas.

M

Marianne Storey 38:18

No, I'm not laughing. I'm not laughing in the sense that I'm underplaying what you're saying. It's so massively important I'm laughing because it comes up in almost every episode of this challenge of reaching people and getting information out to people, and that's before we even get into the discussion about reaching minority communities or young women with special needs, actually, you know, just getting it out to the massive, you know, you saying how few licences have been taking up Carol, it's a common challenge that, I think, well, we can't come up against time and time again. But in particular, the subject, it seems so important,

C

Carol Clark 38:56

but you're, you're right about, you know, a GP cannot know everything. And a GP, there are apps for many things, but a GP does not know what apps are out there. And we have, for example, the Dorset orca app site. So NHS Dorset has a number of apps that they have assessed to be on their on the website that is run by Orca. But many clinicians don't sign post patients to those apps because they don't know about them. Many clinicians have never even heard of the app website that the NHS have. And of course, one of the other things we always hear from women is they want trusted advice, I suppose. And I haven't chatted this with Sally, I suppose what, really what I would like to see is if women go to the NHS website and they type in urinary incontinence that they then. Get a QR code to the squeeze NHS Squeezy app. That's kind of probably what I would like to see. I mean, Sally, it's not to say it shouldn't be without some disclaimer, because if it's not helping, you do need to seek help. But as Sally said, we can help women to wait well while they are waiting to see a gynaecologist or a physiotherapist, because there are waiting lists for all of all of these places, and I suppose that goes on to Marianne and Anjali. What's next? So what's next is, we have been talking to NHS Dorset about commissioning what information, what impact do they need us to show in order for them to commission the NHS Squeezy app? The NHS Squeezy app costs less than a prescription. It costs a cup of coffee. In all fairness, women don't even need it free? Because we're hearing that women just need to be told this is trustworthy. This is something that pelvic health physios across the country, and not just in this country and other countries, are using pelvic floor apps as well. Recommend Them. And again, with a disclaimer, if your symptoms aren't improving, you know, please seek some additional support, but at least as Sally introduced me to the thought of waiting, well, women can be doing something about their condition while they're waiting for an appointment. And again, it gives you that feeling, well, I'm doing something. I'm helping myself while I wait for an appointment

M

Marianne Storey 41:44

we had. We had a similar conversation last week. We recorded an episode about prevention and screening, and it got into, you know, just how important it is and how possible it is to prevent cancer. But on this occasion, we're talking about, you know, preventing women's incontinence, we have such a massively big deal, you know, being able to get to the toilet in time, such a fundamental part of life, let alone all the other additional benefits, like, you know, sexual pleasure and that kind of thing, which come after that. And yet we had that. We were having the same conversation about how difficult it is to get the information out there to women and then get them to take up these opportunities of these kind of this app in particular we're talking about today, but that would really help their health. And you often talk about it, Angela, in terms of your community, and you know, it's one thing, reaching these people that then addressing the barriers of what you then come up against with an embarrassing subject like this, with urinary leakage, talking about your vagina, talking about, you know, exercises and into your even your friends. Anjali, you said, you know, there are, there are a lot of barriers. Yeah.

A

Anjali Mavi 42:53

I mean, this topic can go on because the barriers mindset, the the kind of mindset they have coming up with the culture. Some of the people have this like, Oh, my grandmother had this problem. My mother has this problem. Or they have just done, used to do some home remedy. So they just follow that it is your age. It will happen to you. It will finish because you're in menopause. And some people even don't know what menopause is. So, I mean, that's that's it. I mean, the more knowledge about it, more information, no more signposting. Can only change. And it's not one way. I won't say that. It's always GP or the clinicians or specialists need to do that. It's a two way. If you're sharing something, the people who need that they need to read, that they need to take the information is not only when they need them, then only they will jump on that. Why I'm not getting support. So it needs to be a journal practice for everyone. So yeah,

M

Marianne Storey 43:51

and I can't not just mention the website at this point, because obviously that was enough work streams in terms of trying to get this information out to women so that they can go and find it, so that when they do Google, you and you contact urinary incontinence, difficult to say, Carol, they do land on our Dorset women's website and find that information. There is a link there to the Squeazy app, and, you know, other really important information, plus masses of other women's health information on there about all sorts of other things. So just going to give that yet another plug. Carol, is there anything else you want to say before you dash off?

C

Carol Clark 44:26

I think that we need to encourage women to have these conversations. I think whatever culture, women are not comfortable necessarily having this conversation with a man. They want to talk it over with other women, and probably women want to talk this over with people that they are familiar with. So it we need to be talking about this within women's groups. And I like Sally's idea that we get WhatsApp groups within your community, you have a WhatsApp group about you know, are you doing? Your exercises today or keeping yourself going. So there are multiple barriers and multiple barriers for all women.

A

Anjali Mavi 45:08

No, you gave a good idea. You gave a good idea to have a one lady's Whatsapp group, which we've been thinking from doing from long so I think it's a good idea to start with. Yeah, thank you, Angelique.

S

Sally Sheppard 45:19

I just think that you have really represented yourself well as a voice of a woman, really well. Thank you for everything that you've shared, because not all women share the intimate details when they're not in that one to one appointment. But I just wanted to reflect on something that when I applied to the NHS for the clinical entrepreneur training programme back in 2018 2019 that training for me was career changing, because the reason I applied to be a clinical entrepreneur, and I was successful. I was the first in the first six allied health professionals to be taken into that training programme, which is now mushroomed in size and is training innovative approaches to health care for clinicians of of all types, not just doctors. So I was one of the first sort of physio cohort to be part of that. The reason I applied was because in every appointment, almost without exception, women would say, I wish I hadn't waited all this time to find out this information. I could have been doing this for the whole of my life prior to this appointment, why haven't I heard this? Why don't I know this? And I felt what I was trying to do was create animations that would be accessible to educate women away from the NHS, so that you don't have to engage with an appointment to get this information. So this has been a long time coming, but I think rather than us focusing on the negatives of what hasn't happened, we need to really hold on to the fact that now we can change Dorset, pelvic floor by pelvic floor, one woman at a time. We can tell each other. Women can talk to other women. Women can direct women to this podcast, to the website, and information will start to be shared. The nice guidance actually tells us that from the age of 12, pelvic floor education should be part of the curriculum, but there's no fine funding behind that statement. That's a huge piece of work, because that means training up those within the education system to give the correct advice, and it needs to be a little bit refined for a 12 year old. Look at the difficulty we're having understanding it in our age group. So there is a piece of work to be done, but the ambition is that women will know. Our future generations will be informed and look back on this and laugh and think, imagine not knowing. But we're trying to just solve that right now. And I think we can do it. We're it started. There is a real climate of change. And don't forget, I said that two thirds of women will fix the problems if they just know where their pelvic floor is and start using it. They won't need any other health care input. It's really, really empowering, so we've just got to help that happen, because our services will be overwhelmed if we have to do it individually with every single women. We that can't happen. We don't have the resources for that.

M

Marianne Storey 48:52

That's just not just not a practical option, is it? And for such a straightforward, really quite quick thing. It can prevent so much for you and all your services, but for the woman you know, in terms of her health and her ability to jump up and down and exercise and work and all very important things.

S

Sally Sheppard 49:17

On the back of being a clinical entrepreneur, I made some animations of pelvic floor muscle exercises to music. You do have to know how to do a pelvic floor contraction first. So Angie, if you had a look at it now, you'd think, well, I don't know what I'm doing, but if you know what you're doing, they are just fun. I've done one a month for 12 months, and I've got one a day for Advent. So I can send you a link. It's called the pelvic floor advent calendar, when we get to Advent, but I can send you a link to have a look at it. It may not sit well. It may be a great thing to share, but I'm very happy to just send you a link. It's on YouTube. It and you can just enjoy it and have some fun with it. It's just meant to be fun.

A

Anjali Mavi 50:07

That's really good. Thank you so much, and I hope you're fine to share with others also, right?

M

Marianne Storey 50:12

There's an advent calendar that you thought you know never.

S

Sally Sheppard 50:17

You just have to remember to open each door each day. That's all. You just got to remember to

M

Marianne Storey 50:22

go there. You kind of know what's behind the door, right? But it's

S

Sally Sheppard 50:25

like for exercise, yeah, what a surprise.

M

Marianne Storey 50:30

Well, it's been great to have you on thank you so much for everything you're doing and for your time today. It's amazing. We're just so brilliant that women can hear about people like you that are working so hard behind the scenes and really advocating for improvements in women's health. Brilliant.

